



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90108 003 ****61.25

DOCUMENT # 721664					
1. Entity Name PISGAH MISSIONARY BAPTIST CHURCH OF PERRY, FLORIDA INCORPORATED					
Principal Place of Business 3435 PISGAH ROAD PERRY, FL 32347		Mailing Address P.O. BOX 1210 PERRY, FL 32348		40  05042008 Chg-NP CR2E037 (12/06)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1937731	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
BLANTON, ELAINE 3677 SLAUGHTER RD PERRY, FL 32347				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both; in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANTON, ELAINE		NAME		
STREET ADDRESS	3677 SLAUGHTER RD		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, JUNE		NAME		
STREET ADDRESS	4259 HARRISON BLUE RD		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANTON, AIMON		NAME		
STREET ADDRESS	3677 SLAUGHTER RD		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, BILLY		NAME	Billy mathis	
STREET ADDRESS	BILLY MATHIS RD		STREET ADDRESS	5606 H.P. PADGETT RD	
CITY-ST-ZIP	PERRY, FL 32348		CITY-ST-ZIP	Perry, FL 32348	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jeff Byers	
STREET ADDRESS			STREET ADDRESS	4259 HARRISON Blue Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Elaine Blanton</i>		ELAINE BLANTON		5/5/08 850-584-7323	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	